



GUARDIAN ANGELS SCHOOL EXTENDED DAY PROGRAM REGISTRATION

Complete a separate form for each child

Annual \$50.00 non-refundable registration fee per family must be included with this registration form. Check made payable to: **Guardian Angels School**

Child's Name: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Birth Date: ____/____/____ Home Phone: (____) _____

Registering for: (Circle All Appropriate)

Monday Tuesday Wednesday Thursday Friday

PARENT/GUARDIAN WORK INFORMATION

Father's Name: _____

Place of Employment: _____ Days/Hours: _____

Work #: (____) _____ Cell #: (____) _____ Email: _____

Mother's Name: _____

Place of Employment: _____ Days/Hours: _____

Work #: (____) _____ Cell #: (____) _____ Email: _____

FEES/PAYMENTS:

Refer to Extended Day Policies for Fees and Payment options.
